



DO NOT REMOVE! FORM IS REQUIRED FOR INSPECTION

Department of Growth Management
Building Division

Mobile/Manufactured Homes Set-Up Certification

1. Owner's Name: _____ Permit #: _____
2. Site Address: _____
3. Mobile Home Manufctr.'s Name: _____ Park Trailer Name: _____
4. Construction Type: HUD or ANSI Model # _____ Serial # _____
5. Date Built: _____ Wind Zone: _____ Box Length: _____ Box Width: _____
6. Type of Mobile/Manufactured Home: Single Wide Double Wide Triple Wide
7. Set-Up Requirements: Set-Up Manual (new) DMV Specifications (new and/or used)
8. Soil Bearing Capacity _____ pounds per sq. ft. Indicate roof pitch: _____
9. Proposed Anchor Lengths: 5 foot **OR** _____ with Torque Test meeting 276 to 350 inch pounds.

ITEM	INSTALLATION	15-C-1	15-C-1 BLUE BOOK	MANFCTR'S MANUAL
Frame Blocking and Spacing	Pad Size: Center to Center Spacing:	Page # 11	Page # 7	Page #
Perimeter Blocking and Spacing	Pad Size: Center to Center Spacing:	Page # 9	Page # 6	Page #
List Special Blocking Locations and Requirements	<input type="checkbox"/> Windows <input type="checkbox"/> Doors <input type="checkbox"/> Fireplaces <input type="checkbox"/> Other	Page # 9	Page # 6	Page #
Manufacturer's "Model Specific" Center/Marriage Line Column Locations	Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Page # 9	Page # 6	Page #
Manufacturer's "Model Specific" required Loads and Foundation Sizes	Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Page # 9	Page # 6	Page #
Frame Tie-Down Spacing (if used)	Center to Center Spacing:	Page # 14	Page # 10	Page #
Name of Manufacturer's Lateral Bracing system (see Side Wall Anchors*). Installation specifications to be attached.	Name:	Page # 14	Page # 10	Page #
Amount of Lateral Braces used		Page # 14	Page # 10	Page #
Amount of Over Roof Tie-Downs Required (single wide only)		Page # 17	Page # 13	Page #
Amount of Longitudinal Anchors (if used)		Page # 15	Page # 11	Page #
Name of Manufacturer's Longitudinal Bracing System. Installation specifications to be attached.	Name: Amount of Longitudinal Bracing Used:			Page #
Side Wall Anchors Installation per Manufacturer (must be factory installed to use Lateral Bracing System)	Spacing Center to Center:			Page #

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY OR IT WILL BE DEEMED INSUFFICIENT!

*This form shall be at the job site with the **Set-Up Manual** prior to first inspection and remain for retrieval at the time of **Final Inspection**.*

- **Ventilated skirting material specifications shall be provided with this application.**
- **Factory Floor Plan is required on all new homes.**

I hereby certify that this mobile/manufactured home will be set, blocked, tied down and joined (if applicable) per the manufacturer's specifications or the Department of Motor Vehicles' specifications for placement (15-c, 1 & 2) as indicated above, for this geographical location and the existing soil condition.

Signed by Installer/Agent

Printed Name

Installer's License Number

Date